U.S. No. 300
REV. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34892

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9033

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 5400 Arsenal

2139 13 0

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle):
c. (Last): BURTON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 12, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 8-15-1905
9. AGE (In years last birthday): 46 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: August Burton
13b. MOTHER'S MAIDEN NAME: Amanda Gardella
14. NAME OF HUSBAND OR WIFE: Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ------ (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs George Block **ADDRESS**: 2 339 N Market St

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung Abscess — INTERVAL BETWEEN ONSET AND DEATH: 1947x

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Schizophrenia c̄ deterioration — 1933x
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 521X

22. *I hereby certify that I attended the deceased from* Jan. 1 *19* 49, *to* Oct. 12, *19* 51, *that I last saw the deceased alive on* Oct. 12, *19* 51, *and that death occurred at* 3:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE SHAEL S BRONSON 0 (Degree or title): Shael S. Bronson M. D.
23b. ADDRESS: 5400 Arsenal St.
23c. DATE SIGNED: 10/12/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 10-13-51
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: OCT 15 1951
REGISTRAR'S SIGNATURE: J Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Goodhart-Goodhart 2228 St. Louis, Av

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Robert M Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3249

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.